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21 June 1973

MEMORANDUM FOR THE RECORD

SUBJECT: Crosstraining OMS Medical Technicians

1. It is my recollection that there was considerable conversation on this subject in the 1961-62 area but no definite planning was ever formulated.

2. The logic of the concept is apparently unassailable. For a small post, you have available a well-trained med-tech who, in our organization, is truly a physician's assistant and afford him a few month's training in logistics, ops, finance, security, commo, etc., and you retain your medical capabilities plus an individual who can keep himself occupied with performing an alternate function. The average medic in many situations can be likened to a fire extinguisher on the wall -- vitally needed when required but only an inert presence at other times.

3. The factors inhibiting such a concept are inherent in bureacracy. Other specialized career services resent intrusion into their ranks. It has also been suggested

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from which the medic was originally recruited. However, most have college degrees and are easily trainable into other specialities and in fact many have graduated from the Ops Training course.

25X1A 6. The only major problem would appear to be that of obtaining "slots" for these types. I recall accompanying [] to Saigon in 1965 when Viet Nam was my responsibility. The station was supporting an enormous medical training and supply program but there was no medical personnel available to make field surveys to determine the efficacy of the training program or determine the utilization of the medicines being shipped to the field in very large quantities. The COS stated that he would allow us to have three medical technicians (to cover all of South Viet Nam) but that we would have to personally get three slots donated from other services. We duly visited all the various service chiefs and obtained all of our three positions which we happily reported to the COS. Within two weeks of leaving Saigon, the positions had disappeared.

7. The obvious point is that such a program has to have the full concurrence of the other services with a genuine desire to see that the plan works.

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8. There is another problem in that the agency demand for medics is cyclical due to changing missions within the agency. There are relatively few medical technicians, I believe, compared to other larger services. This fact tends to create more opportunities for promotion in these other services and probably some medics would wish to change services. A policy decision on this point in favor of permitting such a change in career with the approval of the adopted service would serve to add motivation to the position.

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